

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6167</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Roy E Marshall  P.O. Box, Bldg., Room No., if any  Street 20 Blue Jay Drive  City Washington  State Pennsylvania ZIP Code + 4 15301	4. Name, file number, and address of labor organization.  Name Joint Council of Teamsters No. 40  Labor Organization File Number 006-351  P.O. Box, Building and Room Number, if any Suite 210  Street 910 Sheraton Drive  City Mars  State Pennsylvania ZIP Code + 4 16046-9440
5. Position in labor organization. Union Officer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On 8/12/05 (724) 776-5144  
Date Telephone Number

Name of Person Filing <b>Roy Marshall</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	9. Business deals with:  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> 11.b. Approximate dollar value of such dealing. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>  12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12.b. Amount. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <b>Jubelirer, Pass &amp; Intrieri, P.C.</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <b>219 Fort Pitt Boulevard</b>  City <b>Pittsburgh</b>  State <b>PA</b> ZIP Code + 4 <b>15222</b>	14.a. Nature of payment.  <div style="border: 1px solid black; padding: 10px; margin-top: 5px;">           Christmas gift of food and baverage valued at \$50.00 from law firm who represents Joint Council 40.         </div> 14.b. Amount of payment. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle; text-align: center;">\$50.00</span>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Roy Marshall	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Alliance Berstein</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 49th Floor</p> <p>Street 1345 Avenue of the Americas</p> <p>City New York</p> <p>State New York ZIP Code + 4 10105-4800</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name W. Pa. Teamsters and Employers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 49 Auto Way</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 16206-3663</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager of Fund Assets</p>
	<p>11.b. Approximate dollar value of such dealing. \$69,000,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Following Trust fund meetings / attendance of Conference - investment managers share of lodging, meals and golf. (See provided attached form outlining purpose)</p>
	<p>12.b. Amount. \$587</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Roy Marshall	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Delaware Investments</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2005 Market Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19103</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name W. Pa. Teamsters and Employers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 49 Auto Way</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 16206-3663</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager of Fund Assets</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$113,000,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Following Trust fund meetings / attendance of Conference - investment managers share of lodging, meals and golf. (See provided attached form outlining purpose)</p> <hr/> <p>12.b. Amount. \$384</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Roy Marshall	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Deutsche Asset Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 26th Floor</p> <p>Street 345 Park Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10154-0010</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name W. Pa. Teamsters and Employers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 49 Auto Way</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 16206-3663</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager of Fund Assets</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$107,000,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Following Trust fund meetings / attendance of Conference - investment managers share of lodging, meals and golf. (See provided attached form outlining purpose)</p> <hr/> <p>12.b. Amount. \$384</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Roy Marshall	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Dimensional Fund Advisors, INC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 11th Floor</p> <p>Street 1299 Ocean Avenue</p> <p>City Santa Monica</p> <p>State California ZIP Code + 4 90401</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name W. Pa. Teamsters and Employers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 49 Auto Way</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 16206-3663</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager of Fund Assets</p> <p>11.b. Approximate dollar value of such dealing. \$67,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Following Trust fund meetings / attendance of Conference - investment managers share of lodging, meals and golf. (See provided attached form outlining purpose)</p> <p>12.b. Amount. \$240</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Roy Marshall	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Intech</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 100</p> <p>Street 2401 PGA Blvd</p> <p>City Palm Beach Gardens</p> <p>State Florida ZIP Code + 4 33410</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name W. Pa. Teamsters and Employers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 49 Auto Way</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 16206-3663</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager of Fund Assets</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$49,000,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Following Trust fund meetings / attendance of Conference - investment managers share of lodging, meals and golf. (See provided attached form outlining purpose)</p> <hr/> <p>12.b. Amount. \$144</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Roy Marshall	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PNC Bank</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 2 PNC Plaza, 25th Floor</p> <p>Street 620 Liberty Avenue</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15222-2719</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name W. Pa. Teamsters and Employers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 49 Auto Way</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 16206-3663</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager of Fund Assets</p>
	<p>11.b. Approximate dollar value of such dealing. \$47,000,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Following Trust fund meetings / attendance of Conference - investment managers share of lodging, meals and golf. (See provided attached form outlining purpose)</p>
	<p>12.b. Amount. \$240</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Roy Marshall	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PIMCO</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 49th Floor</p> <p>Street 1345 Avenue of the Americas</p> <p>City New York</p> <p>State New York ZIP Code + 4 10105-4800</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name W. Pa. Teamsters and Employers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 49 Auto Way</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 16206-3663</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager of Fund Assets</p>
	<p>11.b. Approximate dollar value of such dealing. \$120,000,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Following Trust fund meetings / attendance of Conference - investment managers share of lodging, meals and golf. (See provided attached form outlining purpose)</p>
	<p>12.b. Amount. \$431</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Roy Marshall	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Prudential Investment Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 4th Floor</p> <p>Street 8 Campus Drive</p> <p>City Parsippany</p> <p>State New Jersey ZIP Code + 4 07054</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name W. Pa. Teamsters and Employers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 49 Auto Way</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 16206-3663</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager of Fund Assets</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$35,000,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Following Trust fund meetings / attendance of Conference - investment managers share of lodging, meals and golf. (See provided attached form outlining purpose)</p> <hr/> <p>12.b. Amount. \$240</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Roy Marshall	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Vision Benefits of America</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 300 Weyman Plaza</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15236</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name W. Pa. Teamsters and Employers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 49 Auto Way</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 16206-3663</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager of Fund Assets</p>
	<p>11.b. Approximate dollar value of such dealing. \$1,000,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Following Trust fund meetings / attendance of Conference - investment managers share of lodging, meals and golf. (See provided attached form outlining purpose)</p>
	<p>12.b. Amount. \$47</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>Roy Marshall</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <input type="text" value="Highmark"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="120 5th Ave Suite P"/></p> <p>City <input type="text" value="Pittsburgh"/></p> <p>State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="15222"/></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <input type="text" value="W. PA Teamsters &amp; Employer Pension Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="49 Auto Way"/></p> <p>City <input type="text" value="Pittsburgh"/></p> <p>State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="15216"/></p>	<p><b>11.a. Nature of such dealing.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">             Investment Manager of Fund Assets              Health Plan Provider           </div> <p><b>11.b. Approximate dollar value of such dealing.</b> <input type="text" value="\$1,000,000"/></p> <p><b>12.a. Nature of interest held or income received.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">             Following Trust Fund meetings / attendance of              Conference - investment managers share of lunch and              golf.           </div> <p><b>12.b. Amount.</b> <input type="text" value="\$57"/></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b> <input type="text"/></p>

Name of Person Filing Roy Marshall	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Western PA Teamsters &amp; Employers Pension Fnd</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 49 Auto Way</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 16206-3663</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement to Union Trustee or payments to 3rd Parties for Union Trustee's expenses in conjunction with participation in meetings and conferences on behalf of the Employer/Pension Fund.</p> <p>12.b. Amount. \$4,733</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Western Pennsylvania Teamsters and Employers Pension Fund  
Form LM10 Expense Reporting  
Roy E. Marshall, Union Trustee

11a Date	11b Amount	11c Type	Corresponding LM10 Line Number	12 Circumstances of Payment
1/28/2004	\$ 316	Payment to 3rd Party		Payment to Bank of America, PO Box 5270, Carol Stream, IL 60197-5270 for Airline charge in conjunction with upcoming attendance at the Equity Investment Managers Conference, Miami, FL on behalf of the Fund
3/29/2004	116	Remuneration by Check		Travel, Meal, and incidental expenses reimbursed to Union Trustee in conjunction with attendance at the Equity Investment Managers Conference, Miami, FL on behalf of the Fund
4/7/2004	800	Payment to 3rd Party		Payment to Diller Fisher, 9614 Third Ave, Stone Harbor, NJ 08247 for deposit on accommodations for Union Trustee's attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.
5/4/2004	1,050	Payment to 3rd Party		Payment to Diller Fisher, 9614 Third Ave, Stone Harbor, NJ 08247 for final payment on accommodations for Union Trustee's attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.
6/7/2004	46	Payment to 3rd Party		Payment to Wildwood Linens, 6100 New Jersey Avenue, Wildwood Crest, NJ 08260 for linen rentals in conjunction with attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.
6/29/2004	147	Payment to 3rd Party		Payment to Marda Smith Cleaning Service, 2112 Berry Lane, East Greenville, PA 18041 for cleaning services in conjunction with attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.
7/6/2004	780	Remuneration by Check		Travel, Meals, and incidental charges reimbursed to Union Trustee in conjunction with attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.
7/6/2004	(710)	Remuneration by Check		Deduction from reimbursement to Union Trustee for excess accommodation allowance in conjunction with attendance at the Joint Annual Trustees Meeting on behalf of the Fund.
7/15/2004	(250)	Refund from 3rd Party		Refund from Diller Fisher, 9614 Third Ave, Stone Harbor, NJ 08247 for security deposit payment on accommodations for Union Trustee's attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.
9/3/2004	447	Payment to 3rd Party		Payment to Nemacolin Woodlands Resort & Spa, 1001 Lafayette Drive, Farmington, PA 15437 for Lodging, Meals, and incidental charges in conjunction with attendance at the Joint Trustees Meeting in Farmington, PA on behalf of the Fund.
9/14/2004	91	Remuneration by Check		Travel, Meals, and incidental charges reimbursed to Union Trustee in conjunction with attendance at the Joint Trustees Meeting in Farmington, PA on behalf of the Fund.
9/16/2004	1,900	Payment to 3rd Party		Payment to International Foundation Conference, PO Box 68-9954, Milwaukee, WI 53268 for Registration Fees and Hotel Deposit in conjunction with attendance at the IFEBC 51st Annual Employee Benefits Conference, Honolulu, HI on behalf of the Fund.
	<u>\$ 4,733</u>			